

Anchor Trust

Wellington Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 1 March 2016. The last inspection took place on 30 June 2014 and the service was meeting all of the regulations we assessed at that time.

The service provides residential care for up to 32 people and is situated in the northern part of Manchester. The home does not provide nursing care. The service has a homely feel and there are communal lounges for people to spend their time. All bedrooms are for single occupancy and have en suite facilities. The service has a secure garden which people can access through a patio door.

Wellington Lodge had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our inspection there were 32 people living there.

People told us the service was kept clean and we saw this was the case when we carried out a tour of the building. On the day of our inspection, it was raining heavily and we noted that the paving slabs in the garden area were slippery to walk on. We pointed this out to the registered manager who organised for the area to be treated using a power washer to remove algae and moss.

People told us they received a good standard of care. We saw detailed information in care records which showed that people were receiving care and treatment which was planned or based on their current needs. Information was up to date and relevant.

The registered manager had made statutory notifications which are required by law. Statutory notifications are matters such as safeguarding incidents, serious injury or unexpected deaths.

People told us they were safe and well cared for and this view was shared by the staff we spoke with. The service had sufficient staff to meet people's needs and staff had the time to ensure people were provided with a good standard of care.

Medicines were managed safely and people received their medicines at the correct time and from staff who were well trained. The service had safe systems to store, administer, order and dispose of medicines.

People told us the food was well prepared, good and tasty. People were given choices at each meal and had a varied menu. Staff, including the chef and catering staff, knew people's individual likes and dislikes. Care staff understood the importance of people having enough to eat and drink and we saw people being regularly encouraged to eat and drink throughout our visit.

The service was working within the principles of the Mental Capacity Act 2005 and staff routinely sought consent from people and supported them to make their own choices.

People had access to routine health care professionals and where they needed more specialised support, this was sought as appropriate.

All of the staff we spoke with told us they enjoyed supporting people and this was clear in their interactions with people, which were patient, kind and warm. We heard examples of staff "going the extra mile" and coming into work on their days off, to join in activities and take people out. Staff told us about their commitment to make sure people were well supported, comfortable and happy.

All the staff told us they felt well supported by the registered manager and provider and had access to regular training and supervision. Staff morale was described as good by those we spoke with and there was clear evidence of staff working as a team for the benefit of people living at Wellington Lodge.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

All areas of the home were clean and tidy overall. Outside, we noted that the paving slabs in the garden area were slippery to walk on. This was pointed out to the registered manager who agreed to address the issue.

Staff and the registered manager were aware of the types of abuse and what to do if they suspected abuse. The registered manager had notified CQC of safeguarding incidents within the service as required. Staff knew about risks to people and how to monitor these. Details of the risk assessments were in care plans and were detailed and up to date.

People told us they felt safe and they gave positive feedback about the care provided.

Medicines were managed safely.

The service had sufficient staff to meet people's needs and they had been recruited safely.

Is the service effective?

Good ●

The service was effective.

The service was consistently applying the principles of the Mental Capacity Act 2005. Consent was sought from people who used the service, and where people were unable to make their own decisions, we saw appropriate best interest decisions were recorded.

Staff had access to regular and planned supervision, and they told us they felt well supported by the registered manager and the provider. Staff had access to training to support them to deliver effective care. Training was well organised and staff told us their training was up to date.

The service ensured people received support from health and social care professionals as required.

People told us the food was good and that they enjoyed a varied and nutritious diet. People's preferences were catered for and staff encouraged people who needed additional nutrition to take advantage of the snacks and drinks available between scheduled meal times.

Is the service caring?

Good ●

The service was caring.

People told us they were well cared for and that staff were sensitive to their individual needs. Care staff were described as kind and compassionate and had a positive rapport with people who used the service. We noted many examples of good practice during our visit. Staff were naturally attentive and displayed a warm caring attitude to people living at Wellington Lodge.

People's dignity and privacy was respected and people were supported to be as independent as was possible.

Care staff understood the importance of supporting people's families and friends to feel welcome at the service.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Care plan records were informative, well ordered and detailed. Regular reviews were held to make sure the home was meeting their people's needs.

The environment and activities supported people, including people living with dementia, to be occupied, engaged and stimulated.

People told us they were well cared for and care staff knew people and their care needs and preferences well.

People told us the registered manager was approachable. The complaints policy was displayed within the service. The service had dealt with one formal complaint in the last 12 months.

Is the service well-led?

Good ●

The service was well-led.

Audits and monitoring systems were in place and were carried out regularly, in some cases daily. Information from the audits

was used to improve the service.

A survey about the quality of care had been carried out in 2015 and this had been analysed and showed that overall people were satisfied with the service.

People and their relatives described the registered manager and the provider as being approachable and the staff team felt well supported.

Staff morale was good and staff enjoyed supporting people

Wellington Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 March 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information. We also contacted the local authority commissioning team and social work teams to ask for feedback about the service. We also contacted Healthwatch, however they did not provide us with any feedback. Healthwatch represents the views of local people in how their health and social care services are provided.

During the inspection we spoke with twelve people who used the service. We also spoke with the registered manager, care manager and district manager, one senior care worker, three members of care staff, a housekeeper and the chef. A visiting district nurse also gave their view about the service.

We reviewed four care plans and associated records. We completed a tour of the building and walked outside in the garden. We looked at three staff files, which contained employment and training records. We looked at documents and records that related to people's care and support, and the management of the home, such as training records, audits, policies and procedures.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "Without a doubt. I'm well looked after and couldn't be safer." Another person said, "I know all the staff; I trust them and they keep me comfortable and safe here."

On the day of our inspection, it was raining heavily. We walked around the garden area and looked at the facilities available. There are plans to provide additional features in the garden and at that time the pathways will be renewed and replaced. However, on the day of our visit the paving slabs in the garden area were slippery to walk on. The area was available to people until the works were completed and therefore posed a risk. When this was pointed out to the registered manager, they arranged for the area to be jet washed to remove the algae and moss to make sure the risk was minimised. We were informed by telephone that this had been completed on 3 March 2016 and that this would be monitored to make sure it was maintained in a safe condition.

People's bedrooms, individual bathrooms and communal lounges were clean and tidy. Two minor issues relating to cleanliness were raised with the registered manager and these were addressed before the end of the inspection.

The service employed cleaning staff to work seven days a week from 8.30am until 8pm. At all other times this was the responsibility of the care staff. None of the care staff we spoke with expressed concern about this and felt they had time to support people and keep the service clean. Overnight care staff also completed domestic and cleaning tasks in between their caring duties.

People had access to a variety of bathrooms; one was fitted out as a wet room, including a shower and grab rails. In all of the bathrooms we saw a supply of soap, paper towels and plastic aprons and gloves. We saw staff wore personal protective equipment (PPE) when providing personal care. This meant care staff took the appropriate action to prevent the spread of infection.

Staff told us about the equipment they used to ensure people were moved safely. They had received training in this and equipment was up to date and working well. Staff told us about taking their time with people, so that they could retain their independence whilst also keeping them safe.

Staff spoke knowledgeably about areas of risk and they correctly explained what they would do if they witnessed or suspected that abuse had taken place. Safeguarding notifications had been sent to CQC as required. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would ensure an immediate action was taken to keep the person safe and then they would share the concerns with the registered manager. The service had a safeguarding policy, which offered guidance to staff. All of the staff we spoke with told us they had received safeguarding training and training records we saw confirmed this.

We saw risk assessments in care plans. These were detailed for each individual and had a clear emphasis on supporting people to have as much freedom as possible. We saw risk assessments for such areas as physical

care needs, clinical care (including pressure ulcer prevention) and mobility and dexterity. Staff understood the needs of each person and the strategies which had been agreed to protect them from harm. For example, where someone had a risk of developing pressure ulcers, action was taken to make sure they were regularly repositioned, whether sitting in a chair or in bed. Equipment, such as pressure relieving mattresses, specialist cushions and profiling beds, had also been provided to minimise risk.

Risk assessments for the environment had been completed and were regularly reviewed with the changing needs of the people who lived at the home. There were no obstructions or risks to people moving about the home.

The registered manager analysed information on untoward incidents and accidents and used this information to plan for future care. All incidents were recorded and an outcome based plan was included to minimise the risk of future occurrence.

Medicines were stored safely and securely. Some people were taking controlled drugs; these are drugs which are liable to misuse and as such have stricter guidelines for storage, administration and disposal. The Medication Administration Records (MARs) we looked at were well completed and medicines were signed for, which indicated people were receiving their medicines as prescribed. Any refusals or errors were documented and if this continued we saw that it was discussed with the person's doctor.

We observed people being given medicines by the senior member of staff. These were given patiently and safely. The member of staff ensured the person had taken their medicines before they completed the MAR. This demonstrated the member of staff was following the service's medicines policy which was in line with good practice guidance.

Some people who used the service needed 'as required' medicines and there were care plans in place to direct staff in relation to this. For example, one person had been prescribed medicines to help manage pain they may experience. A member of staff told us, "We know when [name] needs to take these. They can't tell us when they are in pain, but we know by their body language and how they are." We checked the administration of this medicine and could see that staff had followed the prescribed instructions. This demonstrated the service had effective strategies in place to support the person to maintain their well-being and be pain free.

There were daily records of temperature checks in the medicines room and the medicines fridge. These were within the recommended range and this meant people's medicines were stored in line with the instructions from the pharmacy.

Environmental risk assessments were in place and each person had a Personal Emergency Evacuation Plan (PEEP) to protect them in the event of fire. We saw fire safety checks had been carried out on a regular basis to ensure the fire equipment and safety systems were effective.

The service had sufficient staff to meet people's needs. We observed staff had time to spend with people; none of the interaction was rushed. One member of staff we spoke with said, "The staffing levels are alright. It's hard work if someone rings in sick at the last minute and we can't get cover, but that doesn't happen that often." Staff told us they would talk to the registered manager or care manager if they were unhappy about staffing levels and felt confident they would be listened to and concerns would be resolved. People we spoke with told us they had not had to wait for attention when they needed it, and this included during the night.

The service had effective recruitment and selection processes in place. We looked at three staff files and saw completed application forms and appropriate checks had been undertaken before staff began work. Each member of staff had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with people who needed personal care and may be vulnerable because of their individual circumstances.

Training was well organised. Some training was delivered by an online computer course; other training such as moving and handling was delivered face to face. Staff had received up to date training in areas relating to safety such as, moving and handling; safeguarding of adults; risk assessment; whistle blowing; fire safety; infection control; diversity and human rights and medicine handling. The registered manager told us that they supported staff to learn in the way which was useful to them. For example, if they found online training a challenge they were supported when accessing the training. Staff confirmed that they received support and encouragement in their training. Training was delivered both in house and through external training from the local authority, community pharmacy and district nurses.

Is the service effective?

Our findings

People told us that staff were knowledgeable and that their needs were being met. One person told us, "The staff know me extremely well. I have a new life since I came here." Another person told us, "Nothing is too much trouble for the staff. They are fabulous." This person went on to tell us about moving into the service and how staff "invested time in getting to know people." One person told us they considered the staff team as "friends" or "family" because of the way they were treated.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The staff we spoke with understood the principles of the legislation. They were able to explain to us how they supported people to make their own decisions on a day to day basis and they understood the need for DoLS. At the time of our inspection the registered manager had applied to the local authority for ten DoLS authorisations and these had been authorised by them.

Staff routinely sought consent from people who used the service and offered people choices. The assessments in relation to people's ability to consent to care were detailed. Where people were assessed as being unable to consent to a particular aspect of their care there was a clear best interest decision recorded and we saw people and their relatives, along with relevant health and social care professionals were consulted. The need to keep people safe was balanced with their right to freedom. One person spoke to us about this in relation to their own safety when leaving the service. They told us, "I know why I can't go out alone, and know why the staff worry. They have a duty of care and I understand that."

Staff had access to regular and planned supervision, and they told us they felt well supported by the registered manager and the provider.

People told us the food served at the service was good and appetising. One person told us, "I am never hungry or thirsty; there is always something on the go. I usually eat in my room. I like to do that." Another person told us, "The food is tremendous. We get a good variety. I get on with the kitchen staff and they know what I like."

We observed lunch in the main dining room and saw people enjoyed their meal and dessert. The majority of people ate in the dining area but some people chose to eat in the lounge and others in their bedroom. Their choice of where to eat was respected. Some people required assistance to eat their meals or gentle

prompting from staff. This was done in a discrete and patient manner. Where people needed a visual prompt to choose their main meal, plated choices were shown to them so that they could decide what they wished to eat.

People were given regular drinks and snacks throughout the day. We observed care staff checking with people that their drinks were still warm enough to enjoy and asking people whether they wanted a refill. Staff told us about the importance of encouraging people to have a good fluid intake to reduce the risks of urinary tract infections, which can cause people to be disorientated and feel unwell. There had been a recent change in the way snacks and drinks were being provided; this had been a result of a suggestion from people using the service. Instead of a 'hydration station' being in the dining room for people to access, it had been incorporated into the 'drinks trolley' making it more accessible without people having to leave their rooms. Light weight beakers had also been purchased and thermal flasks provided to make the availability of hot drinks more accessible.

People were offered a choice of meals. They were asked each day and the chef was aware of people's preferences and ensured these were catered for. There was a chalk board in the dining area and this had been completed on the day of our visit, informing people of the menu available. We also saw some people were provided with alternatives which they enjoyed. We spoke with the chef who was aware of people's likes and dislikes, as well as their dietary requirements.

The chef also showed us the cleaning audits they kept and we saw records of fridge temperatures and that food was stored correctly.

An environmental officer visit had resulted in the kitchen and catering arrangements being awarded a five star rating. This is the highest score available and showed that the service was maintaining good hygiene standards.

Care plans showed that people had been seen by a range of health care professionals including doctors, dentists, hospital consultants and district nurses. We saw from the records that staff contacted health care professionals to resolve issues, including the Community Mental Health Team if necessary. Care plans contained clear records of visits by health and social care professionals. A district nurse who was visiting Wellington Lodge on the day of our visit gave positive feedback about the staff team, telling us they knew people well, worked with the district nurses by following instructions and advice given and moved quickly when equipment was needed.

Is the service caring?

Our findings

All of the feedback we received from people about the care provided was positive. One person told us, "The [staff] look after us very well. I have seen how they are when people are ill. They deal with things quickly. I can't fault them." Another person said, "We're very well looked after here; you don't need to worry about that."

Care staff had time to spend with people and we saw lots of interaction between people who lived at Wellington Lodge and staff. Throughout our inspection the care team showed compassion and warmth to all of the people they supported. This included general conversations with people and encouragement to have a drink. Care staff also responded to people's need for physical contact and reassurance in a professional and appropriate way. For example, a gentle touch of the arm or a calming word to reassure someone who was becoming anxious.

People's privacy and dignity were respected. We saw one person needed support with their personal care; the member of staff provided this in a dignified and respectful manner. They discreetly supported the person to return to their bedroom so that the care could be provided in privacy. We saw staff knock on people's bedroom doors and wait for permission before they entered.

All of the care staff we spoke with told us they would be happy for their relative to live at this service, should they need this type of care. Care staff spoke with warmth and kindness about the people they supported. They knew people well and spent time making sure they understood what each person needed. Staff gave examples of when they had called into work on their days off because of a particular event, for example attendance at a funeral, so that they could respectfully say farewell to someone they had supported and cared for.

Visitors were welcome to visit at any time. We did not see any visitors during our inspection to speak with. However, posters were displayed at the entrance announcing we were inspecting and the inspector left business cards and a contact number should relatives or visitors wish to contribute and share their views about the service. At the time of writing this report no one had contacted CQC.

It was clear when speaking to staff that they were sensitive to the needs of family members and visitors and would offer support for them too if the need arose.

Is the service responsive?

Our findings

The registered manager completed a pre admission assessment before people could move in to the service. This included information about the person's current needs and how the decision had been reached that the person needed to be supported in a 24 hour care setting. This meant the service considered whether they could support the person before they agreed they could move in.

Care staff knew people well. This was clear from observing interactions and the feedback we received from people about the care they received was positive. Care staff could tell us about people's lives and their individual preferences.

Care plan records were up to date and had been updated to reflect changing needs, which altered the support people required. We saw reviews took place every month, or more regularly as needed. Each person had a key worker and they were responsible for reviewing care plans and keeping relatives up to date as necessary. Care was delivered in a person centred way and was in accordance with each individual.

People were provided with meaningful activity or stimulation which was based on their individual needs. On the day of our inspection, there was a variety of activities planned, including one to one time and board games. There was an activity board which referred to scheduled activities, for example, a movie quiz; baking; armchair exercise; card games or pub outings. We saw photograph albums which showed recent activities, for example, a 'virtual cruise' where people had visited various countries and spent time sampling traditional dishes from each country and dressing up in traditional costumes. There were also links with the community, including local businesses and radio station.

The registered manager told us there had been one formal complaint made in the last 12 months. They explained they offered an open door policy and encouraged people and their relatives to share any concerns with them as soon as possible so they could work together to resolve them quickly. There was information available in the service explaining how people could raise a concern and staff told us they would support people to do that.

Is the service well-led?

Our findings

Services registered with the Care Quality Commission (CQC) have a legal responsibility to notify the commission of any incidents which occur in the home. For example, safeguarding incidents, serious injuries, deaths and any event which stops the service from running. The registered manager had done this as required.

The registered manager told us they completed a number of routine audits in order to assure themselves they were delivering a good service. These included audits of care plans, medicines, infection control and night spot checks. We saw records which confirmed this and that action had been taken to address any issues, including an expected completion timescale and who was responsible for making sure action was taken.

People we spoke with and staff told us they had confidence in the registered manager and the provider. All of the staff we spoke with told us the registered manager and other managers from the organisation were approachable and they expressed confidence in their abilities to resolve issues. Comments included, "I love working here. I'm supported and can talk to the manager or care manager anytime. I've never had to raise a concern, but would if I had to."

Staff told us morale was good and that they worked as a team. Staff were openly about their work and described when things had not gone so well previously but that that was "before (in the past)" and that they had worked through the issues, resulting in a cohesive and "happy team." Staff told us they enjoyed coming to work and that the registered manager "ran a tight ship" and was "firm but fair."

The service had up to date policies and procedures in the following key areas: safeguarding, the MCA and whistleblowing. The whistleblowing policy provided staff with guidance about how to raise concerns and who to contact, such as the local authority or the CQC if these were not taken seriously by senior managers. This demonstrated the service understood its responsibility to support staff to raise concerns should they have any.

We asked the registered manager about the strengths of the service and they told us, "It's the staff team as a whole who make the care home what it is. I have a good staff team who are here for the right reasons. I couldn't do this without them." There was an appetite for the home to continue to improve and the registered manager was working with community groups to enhance the outdoor facilities. Discussions were just starting about keeping chickens and providing a fishery for people to become engaged with.

Audits and monitoring systems were in place and were carried out regularly, in some cases daily. Information from the audits was used to improve the service.

A survey about the quality of care had been carried out in 2015 and this had been analysed and showed that overall people were satisfied with the service.

The service ran a family forum group, where they invited relatives and family members into the service to

discuss the running of the home and to seek ways they could improve. We saw that at the last meeting, there had been a discussion about the effects on people when living with a dementia type illness.